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10	1. PLACE OF DEATH	(1007)
	County It. Mary	Registration Dist. No. 281
	Village or City Plas Aou (16	No. St., W. death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurradyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
	2. FULL NAME Charles 13 art	Ur.
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Yee
	5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attanded deceesed
	6. DATE OF BIRTH (month, dey, end yeer) but on 1914	1 iest saw had eliva on 21 and 5 , 1935; deeth is
certificate	7. AGE Years Months Days If LESS then	to heve occurred on the deta statad ebove, 77-3-0 Am.
ertifica	21 amenous 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated ceuses of importence
-	8. Treda, profession, or perticular	abdominal Hamoshage 1/5
Jo :	kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	(Kiched by mule)
back	9. Industry or business in which work was done, as SILK MILL, Saw MILL, BANK, etc.	7
E	1) 10 Date deceased last worked at .	
	this occupation (month and May 1935 spant in this occupation spant in this occupation	
tio	12. BIRTHPLACE (city or town) Bearen:	Other Coutributory Causes of importence:
instructions	(Steta or country) Mary Land	
instru	13. NAME Joseph Barker 14. BIRTHPLACE (city or town) Great Mills	
See	14. BIRTHPLACE (city or town) Great Wills	Name of operation Date of
	(State of country) // ary can	Whet test confirmed diegnosis? Wes there en autopsy?_
ant	15. MAIDEN NAME Maggit Gordon 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If deeth was dua to axternal causes (VIOLENCE) fill in elso the following:
important	O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
y import	0 1. 12.1	Whera did injury occur? (Specify city or town, county and State)
very	(Address) Plata S	Specify whether injury occurred in INDUSTRY, in HOME, on in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury kicked by mule while bearing of
N is	Pleca II. Mehr Las Deta Mast 7, 1935	Nature of injury hicked in allower.
TION is	19. UNDERTAKER Low Harris	24. Was disease or injury in eny way releted to occupation of accessed? Yes
T	(Addrass) Hermanville mid	If so, specify Feeding from animals.
1	20. FILED May 6, 19 35 pg 13 eau 8	(Signed) P. 13ean
	Registrar.	(Address) - Great mills

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaven etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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BINDING	
FOR	
VED	

N. B.—WRITE PLAINLY, WITH UNFADING INK—TIIIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND— 1. PLACE OF DEATH	CERTIFICATE OF DEATH 05671
County St Marin	Registration Dist. No. 281
Village or City Seotland	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds,
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH May 2k , 1935 (Month) (Qay) (Year)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) has 26/25	I last saw ham stirt and form May 26, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 1.34 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or continuous	ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Prema tum birth
SAW MILL BANK etc.	placents previous)
10. Date deceased last worked at this occupation (month and home spent in this spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importanca:
13. NAME Ruke Barnes	
13. NAME Ruhe Bands 14. BIRTHPLACE (city or town) Bands (State or country)	Name of oparation Data of
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mathematical Sparmes	23. If daath was due to external causas (VIOLENCE) fill In also the following: Accident, suicida, or homicide?
(Addrass) Soldand Ind 18. BURIAL, CREMATION, OR REMOVAL Place Home, hear holland hole may 26, 1935	Mannar of injury
19. UNDERTAKER hishe Borny (Addrass)	24. Was disease or injury In any way related to occupation of decaased?
20. FILEO km 26, 1935 Pf Bean how Registrar.	(Signed) M. O

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

19. UNOFRTAKER

(Address)

O. FILED MAS

OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long In U.S. if of foreign birth?_____yrs.____mos.____ds. (a) Residence: No Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorcad HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months if LESS than Days to heve occurred on the data steted above, et. 80 3 1 day, ____hrs. The PRINCIPAL CAUSE OF or min. Date of onset Firede, profassion, or particular kind of work dona, es SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... ndustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data dacaased last worked at 11. Total time (years) this occupation (month and spent in this occupation_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diegnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town Accidant, suicide, or homicida?______ Data of Injury______ 19 (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury

5 Jolley (Signad) Jolley M.

(Address) May Male

24. Was diseesa or injury in any way releted to occupation of deceesed?

Netura of Injury

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1,1923 Gastroenteritis 1 year

BINDING	
FOR	
RESERVED	
ARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH jo plnods Registration Dist. No. 280 County_ Every item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ... How long in U.S. If of foreign blrth?_____yrs.____mos.__ statement PHYSICIAN 2. FULL NAME A PERMANENT RECORD. (a) Residence: N If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) mo male XACTL classified. (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 863 B certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Devs to have occurred on the date stated ebove, at ______m. 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of enset Trade, profession, or particular UNFADING INK-THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. plnoys 9. Industry or business in which it may work was done, as SILK MILL SAW MILL, BANK, etc ... on 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and AGE spent in this that instructions occupation_ 80 12. BIRTHPLACE (city or town) supplied. (State or country) in plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) be carefully What test confirmed diagnosis?_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town Accident, suicide, or homicide? DEATH (State or country) Where did injury occur? (Specify city or town, county and State) plnods Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. very (Address) OF 18. BURIAL CREMATION OR REMOVAL Manner of Injury CAUSE mation TION Nature of Injury 24. Wes disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED MOL Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		. Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 5 NILL 1998			
Other contributory causes of importance:	, y ă	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20, FILED MAJ 22, 19.35

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 05674
1. PLACE OF DEATH		
county St mom	1	1
county Of 1910 rg		Registration Dist. No. 2 80
Village or City	u) oro	NoSt.,Ward
Length of residence in city or town where dea		f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds.
70	(III occurred	S
2. FULL NAME I hardon	- Mosefullo.	/ Decult
(a) Residence: No.	1 Delegon	⇒ St., Ward.
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
- 000	. SINGLE, MARRIED, WIDOWED,	
T. COLON ON NACE	OR-DIVORCED (write the word)	21. DATE OF DEATH
male CR		(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of not morre	-s	22. t HEREBY CERT t FY, That i attended deceased from
	M = = 23 163	, 19, to, 19
	nov. 23, 1934	I last saw h alive on death is sald
7. AGE Years Months	Days 1 If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.
1 % 5	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular		Cause of desph eustrum Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	me	
9. Industry or business in which work was done, as SILK MILL,		ded now affect the
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	- occupation	
12. BIRTHPLACE (city or town) St Que	· res	Other Contributory Causes of importance:
(Stale or country)	1 ma	
13. NAME The Do	1.10 B	
	in the second	
14. BIRTHPLACE (city or town)		Name of operation Date of
(Stale or country)	114	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carries Le	wil Bace	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) St. Leges		Accident, suicide, or homicide? Date of injury 19
(State or country)	mu	Where did injury occur?
0-1-1-1		(Specify city or town, county and State)
17. INFORMANT A CLASSICAL (Address)	il loans	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
ts. BURIAL, CREMATION, OR REMOVAL	020	Managerettet
Place Mh Jeon Cent	Date 205, 21 1934	Manner of injury
6 . 7	, 13M-N.	Nature of injury
19. UNDERTAKER Laure Ba	ce aclem ans	24. Was disease or injury in any way related to occupation of deceased?
(Address)	1	If en enerify

Seg Begistrar.

(Signed).

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsot	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Control Co. Service Control Co.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTI	HER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

TION is very important.

of SCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

18	free	10	. 1.9	lin.	
11	1)	8 1	1	()	
13			10	1 7	

1. PLACE OF DEATH	108)
County Sti many S	Registration Dist. No. 2 8 6
Village or City Bushind (II	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whera daath occurradyrsmos	sds. How long in U.S. If of foralgn birth?yrsmosds.
2. FULL NAME Varielalyand	lu Caller
(a) Residence: No. Bushing (Usual place of abode)	St., Ward. If nonresident give oily or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from 5 - 2 - ,1931, to 5 - 7 - ,1923
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than I day,hrs. O Z Z ormin. 8. Trada, profession, or particular kind of work done, as SPINNER Love SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased lest workad at this occupation (month and the second in this company in this capation this company in this capation that capation the capation th	I last saw h alive on (
work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased lest workad at this occupation (month and yaer) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Plan wend Carlo 14. BIRTHPLACE (city or town) Bushing	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME a gras la sur	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place A Lot Of Colors 1931	Manner of Injury
19. UNDERTAKER C. V. S. O. S. C. (Addrass) St. of V. S. O. S. C. S.	24. Was disease or injury in any wey ralated to occupation of deceased? 2.06 If so, spacify (Signad) P.M. V. Paeluu M. D. (Addrass) Asserting M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05676
1. PLACE OF DEATH	4.2
County IX, Mary	Registration Dist. No. 286
Village or City Ciners from an	NoSt. Ward
Length of rasidence in city or town what death occurred 60 yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foralgn birth?yrsmosds.
2. FULL NAME andrew Traceron Chuelle	The state of the s
(a) Residence: No. Rivers Joring and.	Ct. W. d
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married.	(Month) (Dey) (Year)
5e. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of Chine Maude Cheeldine	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BERTH (month, day, end year) LUNE 6- 1874	I last saw h Lam alive on man // 1935 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at A. 55 6 m.
60 11 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Carcenoma of Stomach Upul 34?
Industry or business in which work was done, as SILK MILL, Fauring SAW MILL, BANK, atc	
U 10. Date deceased last worked et	
this occupation (month and year) — yearl 1934 spent in this occupation 30	
12. BIRTHPLACE (city of town) May land	Other Cantributory Canaes of importence:
(Stata or country)	More
13. NAME (INDREW) School Cheaeldine	
14. BIRTHPLACE (cily or town) - Mary Land	Name of operation Date of
(State of Country)	What test confirmed diegnosis 2. Pau Was there an autopsy? MO
15. MAIDEN NAME Clum Maris margan	23. If daath wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (Lun Maris Margon 16. BIRTHPLACE (city or town) Many Card	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Jarry Checeldine.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Sacred (Lebert Date May 13 1935	Mannar of injury
6010.01	Nature of injury
19. UNDERTAKER (C. C. C	24. Was disaase or injury in any way raleted to occupation of dacaasad?
1. N. CHI	(Signed) Clareus C, Vilch M.D.
20. FILED 37 12 4933 7 (V. Blusser Registrar.	(Addrass) Chaplica mol
If more blanks are needed, address State Registrar.	2811 N. Charles Street, Baltimore, Respecting 71 S. No.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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Î	ECORD.	PHYSI
DING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
RIN	PERM	EX
FOR	IS A	stated
7	HIS	be
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KE	ING I	AGE
ARGIN RESERVED FOR BINDING	UNFAD	supplied.
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	PLA	pinor

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully

B.—WINEE

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V. S. No. 1

TION is very important.

See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE C	F DEATH	,		(82-02)
County	St mor	70		Registration Dist. No. 280
Village or	City Pe	Duce		No. St. Ward
1 11 -1				death occurred in a hospital or institution, give its NAME instead of street and number)
	sidence in city or town where	death occurred	yrs,mos	ds. How long In U.S. if of foreign birth?yramosds
2. FULL NA	ME Clae	-K- 0	gones	of Close
(a) Reside	nce: No.	Ire.	drue	St.,Ward.
		(Usual place		If nonresident give city or town and State
	NAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH
male	Thile		nul	(Month) (Oay) (Yeer)
5a. If married, wido HUSBANO of	wed, or divorced			
(or) WIFE of	Juna			22. I HEREBY CERTIFY, That I attanded decaased from
		THE REPORT		My 30 ,1931, 10 W my Sc , 1931
	(month, day, and year)		1	Hast saw hara aliva on 19.33; daath is said
	eara Months	Oaya	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at A Q , m.
22			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence ware as follows:
8. Trade, profe	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, atc	2.		Custral Haver Lyren
		rotn	<u> </u>	pul se e 2 45 milis
Quel work we	business in which as done, as SILK MILL,			
UT	ILL, BANK, atcsed last workad at	11 Total ti	ima (yaers)	
thia occu	upation (month and	sper	ntin this	
7	0	1 0000	pation	Other Contributory Causes of Importance:
12. BIRTHPLACE (c) (Stete or cou		n.		
1	ve 6	13 2	2	
13. NAME 14. BIRTHPLAC	1	COM	(e_1	
4 14. BIRTHPLAC	E (city or town)	uze	Stell "	Nama of operation Date of
(State o	r country)			What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NA	AME			23. If daath wes due to axternal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLAC	E (city or town)			Accident, suicide, or homicide? Date of Injury, 19
∑ (State o	r country)			Where did Injury occur?
17 14/5004/44/7 5	1~	P1 21		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT	January 1	Deal.		Specify without injury occurred in Moostki, in Home, of in Poblic Place.
18. BURIAL, CREMA	TION, OR REMOVAL	: 1		Mennar of injury
Place. SA	michely	Oate Jus	1935	Nature of injury
	E 10 (1)	Adean		
19. UNDERTAKER (Addiass)			are.	24. Wes disaase or injury In any way ralated to occupation of dacaasad?
	00	a sh	14	If so, apecify
20. FILED DOZ	30,19.00	11/1	uy	(Signed) M. D
	If more	1 de	Legistrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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li	Example II	
Dato of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	- Fig.	

V. S. No. 1

1. PLACE OF DEATH	F MARYLAND	CERTIFICATE OF DEATH (1567)
County A Syant		Registration Dist. No. 282
Village or City Length of rasidence in city or lown where d		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wnie the word)	21. DATE OF DEATH Month) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS, than 1 day, 4 hrs.	I HEREBY CERTIFY, That attended deceased from 19-36, to 19-36; death is said to have occurred on the date stated above, at 19-36 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I1. Total tima (years) spent in this	were as tollows. Date of onset
year) 12. BIRTHPLACE (city or town) (State or country)	gedlowy had	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) (Stete or country)	maysles ha	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death wes dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	mary bo his	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER	Date May 95, 1936	Manner of injury
(Address) Fee 20. FILEOULA 9 , 19 ⁵ 5 Ca	Registrar.	(Signad) A Regression M. D. (Address) A Regression V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	946
County of Mary	Registration Dist. No. 282
Village or City Marjanza	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Naucy, Catherine Long	3/
(a) Residence: No. Morganza Ind	St. Ward.
(Usuafplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Williams	21. DATE OF DEATH May 57, 193 5 (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of phu Robert Long	22. I HEREBY CERTIFY, Thet I ettended deceased from May 24 1035 1 May 27 1035
6. DATE OF BIRTH (month, dey, end yeer) March 16-1868	I lest saw har elive on may 27 1,1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at \210Pm.
6	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	A-A-
SAWYER, BOOKKEEPER, etc.	The Total Day 3
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	acousing momorals 1435
10. Date deceased last worked at this occupation (month and spear)	
12. BIRTHPLACE (city or town) Macyland	Other Caatributory Causes of Importence:
(Stete or country)	(Isterio selesario (D)
13. NAME Hielan Johnson	Typelerson
14. BIRTHPLACE (city or town) A Mary land	Neme of operation Date of
(Stete or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Maria Thompson	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT And Andrews (Address) Mangan And	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dete Dete 14, 37,1935	Nature of Injury
19. UNDERTAKER COULTY (Address) Chapter	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 728, 1588 (Caccalle) Registrar.	(Signed) Canacias Colors M. D. (Address) Capplico ma
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 05681
1. PLACE OF DEATH County St. maus	Registration Dist. No. £83
Village or City / kleemase	No. St., Ward
Length of residence in city or town where death occurred yrs mo 2. FULL NAME Skill with - (afford)	If death occurred in a horpital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Ny sa un (Usual place of phode)	St, Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 to 19
6. DATE OF BIRTH (month, day, and year) May 8-1935	I last saw h; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated ebove, et
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	11-11-1
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	Dull vin -
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Bly saud (State or country)	Other Contributary Causes of Importance:
13. NAME alex - Y hum	
14. BIRTHPLACE (city or town) (State or country) 7- masse (e)	Name of operation Date of What test confirmed diagnosis? Wes there an au'opsy?
	23, If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Maganta Co	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT alex . Y. Ryon / hounard - and	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Check Isla Date May 1, 193:	Manner of injury
19. UNDERTAKER frants he Showshipse (Address) here of here of the same of the	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May Ta, 1935 dl3 Frances. Registrar.	(Signed) A B Showing M. D. (Address) Marganya

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BU 9 1995			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

No. 1	u	MARGIN	RES	ERV	ED	FOR E	AARGIN RESERVED FOR BINDING			R	
BWRITE PL ALY, WITH UNFADING INK-THIS IS A PERMANENT R. JRD. Every item of infor-	WITH	UNFADI	NG IN	VK-T	HIS	IS A PI	ERMANENT	r R	RD. Every	iten of inf	Or-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	refully	supplied.	AGE	should	pe	stated I	EXACTL	Y. PH	IXSICIANS	should st	ate
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in plai	n terms, so	that	it may	pe	properly	classified.	Exact	statement	of OCCUF	Y-W
TION is very important. See instructions on back of certificate.	tant. S	see instruct	ions o	n back	of c	ertificat	ď				

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(83)
county of places	Registration Dist. No. 3/87/
Village or City Koualatonn	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dunnett melace	u
(a) Residence: No. Peella Ind.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR OLONORCED (was the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERT/FFY, That I attended deceased from
(or) WIFE of	hon 28 1935 to lian 28 1935
6. DATE OF BIRTH (month, day, and year) Lefot. 14, 1924	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4 P, m.
// ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	* * * * * * * * * * * * * * * * * * * *
9. Industry or business in which	(lecedental Krowney:
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Declared Lived Grom a pier. a footof
O 10. Date deceased last worked at this occupation (month and year)	tens not involved to
Ond	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State of dountry)	
13. NAME TO I Inclaure	
13. NAME 10 9 Meetine 14. BIRTHPLACE (city or town) Ond	Name of operation
(otata of coultry)	What test confirmed diagnosis?
15. MAIDEN NAME Costelle Contruer	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Pom D. A. a	Where did injury occurry (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Librarial at the second sec	Caus Calcul
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Dewry
Placett. Grabules and Golds, 1971, 1993	Nature of injury Accords
19. UNDERTAKER LELL & Specho	24. Was disease or injury in any way related to occupation of deceased?
(Address) Paul Man	If so, specify The Council of Cou
20. FILED 98 , 1935 Caucaller	(Signed) X all M. D. M. D. (Address) Local All M. D.
Registrar.	(Address) ff fill all and the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ARGIN RESERVED FOR BINDING

V. S. No.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	,	159
County S/ Morry	<u> </u>	Registration Dist. No. 280
Village or City	Deer or (No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	th occurredmo	sds. How long In U. S. If of foreign birth?yrsmosds.
2. FULL NAME The	with mill	orcl
(a) Residence: No.	(Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of		(MonMi) (Day) (Year)
(or) WIFE of M/h^ m	mil	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF DIPTH ()	Par 5. 1935	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days I If LESS than	I last saw h; death is seid to have occurred on the date stated above, atm.
	1 day,hrs.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		This hy was famaline
9. Industry or business in which work was done, as SILK MILL,	7020	der not alled seem.
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) SP (State or country)	uyro,	Other Ceatributery Causes of importance:
	Millone	
13. NAME LASER 14. BIRTHPLACE (crty or town) (State or country)	Jujas	Name of operation Date of
	re Novelors	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Pro	Luiges	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address)	n cleanl	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 1703.12 , 1935	Manner of Injury
19. UNDERTAKER Phorles (Address)	miltures pre	24. Was disease or injury in any way related to occupation of deceased?
20. FILED may 12, 1935	Jollieg	(Signed) A. D. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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il	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
1 1 5 7 6 5	Other contributory causes of importance:	100		
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County M. Meny	Registration Dist. No. 287
Village or City leleenkers	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foraign birth?rsmosds.
2. FULL NAME Steelborn Morge	zu)
(a) Residence: No. Celevis	StWard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ruce 13/35	I last saw h & Alexand Scene 1 > 19 3 5 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, et.
Steel on 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of Importance were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER,	Date of onsot
SAWTER, DUNKEEPER, etc.	Jelelon
SAW MILL, BANK, etc 10. Date dacassed last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Qued.	Other Contributory Causes of importance:
(State or country)	Il accusta V racua
13. NAME Solo . Herry More an	
13. NAME (Los Avenue Mercan) 14. BIRTHPLACE (city or town)	Nama of operation Oate of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Care Willia Menga	43. If death was due to external causas (VIOLENCE) fill In elso tha following: Accident, suicide, or homicida?
(Steta or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Des Velen Margan	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place J. J. Date Date 1935	Nature of injury
19. UNDERTAKER De New Morgay	24. Was diseese or injury in eny way related to occupation of dacaased?
(Address) (elienter)	(Signed) Or agents a Comment of the
20. FILED 1935 Cheerala Registrat.	(Address) Livelaid (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of enset

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	1				

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item of	should	of OCC	
RD. Every	YSICIANS	statement	
r RECO	Y. PH	Exact	
RMANENT	XACTL	classified.	
IS A PE	stated E	properly	certificate
HIS	be	pe	Jo
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
UNFADI	supplied.	terms, so	e instructi
WITH	refully	in plair	ant. S.
AINLY,	d be can	DEATH	y import
TE PL	l shoul	E OF	is ver
WRITE PI	mation	CAUS	TION

	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	5686		
1. PLACE OF D	EATH	,		(J3)			
County S	morr			Registration Dist. No. 2 8	0		
Village or City)	Hally	worl	March St	Ward		
Length of recidence	In city or town where	death assured		death occurred in a hospital or institution, give its NAME instead of street and i	number)		
	City or town where	O s	yrs,mos	ds. How long In U.S. If of foreign birth?yrsm	osds.		
2. FULL NAME	OP	nin	scripe				
(a) Residence: N	10.	(Usual place	cegura	Ker St., Ward.			
PERSONAL	AND STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State		
	OLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH			
P OR DIVORCED (write the word)			D (write the word)	mog. 22	193 1		
5e. If married, widowed, or	divorced	mar	cerl	(Month) (Dey)	(Yeer)		
HUSBAND of (or) WIFE of	illiam	1		22. I HEREBY CERTIFY, That I attended	deceased from		
	Man	1 cur	~	6/1, 5 1935, to mon 32			
6. DATE OF BIRTH (month	h, day, end year)			I last sew har elive on 2007 22 1935	; death is said		
7. AGE Years	Months	Days	If LESS then 1 day,hrs.	to heve occurred on the dete stated above, et.3			
64			ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	Date of onset		
8. Trede, profession, kind of work d	or particular one, es SPINNER, KKEEPER, etc.	1-		nothrilis. Chrone	Date of ouser		
Mind of work d SAWYER, BOOI 9. Industry or busine work wes done SAW MILL, BA 10. Dete deceased lesi		auran	-v-16				
work wes done	, es SILK MILL, NK, etc						
10. Qete deceased les	worked at	11. Total t	ime (years)				
O this occupetion year)	(month end		nt In this upetion				
12. BIRTHPLACE (city or to	Hace	'e was	28	Other Contributory Causes of Importance:			
(State or country)	WII/-20-3	mel			,		
13. NAME	The !	Cosp	2-2				
13. NAME 14. BIRTHPLACE (city	or town) A	elle in		Name of operation Date of			
1 (State of Count		y man	e	What test confirmed diagnosis? Was there an a	utonev?		
15. MAIDEN NAME	mon	DI	sey	23. If death wes due to external causes (VIOLENCE) fill in also the following			
15. MAIDEN NAME 16. BIRTHPLACE (city	or town)	eesu	ne L	Accident, suicide, or homicide? Dete of injury			
≥ (Stete or count		m	~	Where did injury occur?			
17. INFORMANT ALL (Address)	illiam	Su	v	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	t) ACE.		
18. BURIAL, CREMATION,	DE REMOVAL	\		Manner of injury			
Plece St.	hus Centy	Dete My	1. 24. 1931	Nature of injury			
19. UNDERTAKER V Z	lmer !	200	me	24. Was disease or injury in any way related to occupation of deceased?			
20. FILED 23.	19.3 J A	mes Knotte	Registrar.	(Signed) JOTCHY,	M. D.		
	1		Acgustrar.	(Address)	4		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows: Attack of epilepsy			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
1 116500					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

County St Mary	Declarate war in the	Registration Dist. No. 28/	
Village or City Park Hall	R	No. St	
		death occurred in a horpital or institution, give its NAME instead of street and nu	
Length of residence in city or town where death of	occurrad yrs mos	ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME George C	Sommerer	ll	
(a) Residence: No.	,,,,	St., Ward.	
PERSONAL AND STATISTICAL	(Usual place of abode)	If nonresident give city or town and S	ate
	INGLE, MARRIED, WIOOWED,	21. DATE OF DEATH	
	R AVORCED (write the word)	Play 7	1935
5e. If married, widowed, or divorcad	Magle	(Month) (Day)	(Ye
HUSBANO of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended de	ceasa
		unattended	_, 19.
6. DATE OF BIRTH (month, day, and year)	14,1935		deeth
7. AGE Years Month's	Days If LESS than	to have occurred on the date stated ebove, at 12.30 Am.	
3 3	2.3 ormin.	The PRINCIPAL CAUSE OF DEATH and raiatad causas of importanca were es follows:	Dateo
8. Trede, profassion, or particular kind of work dona, as SPINNER,		A 1	Date
SAWYER, BOOKKEEPER, etc	me	Trobelly loter preumonie	5/3
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date decessed lest worked et	11. Totel time (yeers)		
this occupation (month and yaar)	spant in this occupation		
12. BIRTHPLACE (city or town) Park H	s ol	Dther Coatributory Causes of importence:	
(State or country)			
13. NAME David Som	- will		
13. NAME Devel Som	all	Name of operation Dete of	
(State or country)		What test confirmed diagnosis?	nnev?
15. MAIDEN NAME	Ferning &	23. If daath wes due to external causes (VIDL ENCE) fill in also the following:	орзу:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Kell	Accidant, suicida, or homicide? Date of Injury	19
(State or country)	1	Where did Injury occur?	,
17. INFORMANT Dwid for	m m = 10	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLAC	E.
(Address) and Hall	hid		
18. BURIAL, CREMATION, DR REMDVAL	4.	Mannar of injury	
Place of former Commenting Day	10 May 7, 1935	Natura of Injury	
19. UNDERTAKER David Som	and the	24. Was disease or injury In any way ralated to occupation of dacaased?	
(Address) Park Hell	mid	If so, specify	
20, FILEO May 7 1937 Pf	Mes LA	(Signad)	
20. 1	La Q Registrar.	(Address) - Great mille her	A.

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
- 3			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING	
FOR	
RESERVED	
ARGIN	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

	1				
0	5	6	104	8	

1. PLACE OF DEATH	(R)
County . May o	Registration Dist. No. 2 8 2
Village or City Viving Join +	No. St Ward
Longth of cosideres in the second sec	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Mancy from	ann
(a) Residence: No. Diney Hourt.	St., Ward.
(Uplat place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorcad	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
	May 15 , 19 31, to hay 15 , 19 31
6. DATE OF BIRTH (month, dey, and year) 04 23 1931	I lest saw h. 9 alive on, 19; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
3 6 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER	Data of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	acceleral Danney 5/15/
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or businass in which work was done, as SILK MILL SAW MILL, BANK, atc.	
10 Date deceased last worked at 11. Total time (years)	No boat involved. Cusp
10 Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sing Faut.	Other Contributory Canses of importance:
(State or country)	
13. NAME D. Langue League	MARQ
13. NAME D. John an Junany 14. BIRTHPLACE (city or town) P. T.	MATTA O
(State or country)	What test confirmed diegnosis? Have Was there an autonomy April 1985
15. MAIDEN NAME Cinita Luy Clas	The state of the s
15. MAIDEN NAME Cinita Lay this 16. BIRTHPLACE (city or town)	23. If daath was dua to axternal causes (VIOLENCE) fill in elso the following: Accident_suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mes. and Reason	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Specify whethat injury occurred in INDUSTRY, in nome, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	-Mannar of injury
Placa J Jessey 15 Data 3/16/, 19.015	Neture of injury
19. UNDERTAKER XIII C. Mallin Cy	24. Was disease or injury in any way related to occupation of deceased?
(Addiass) Leve and Cent / UN	If so, specify
20 FUED (1 / 16/103 5 - C)	(Signad) Augh V. Vas 2 and M.D.
20. FILED C. 1950 Character Registrar.	(Address) Valle (les) high
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. J. No. 1.

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July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Dete of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

County All	STATE OF MARYLAND	CERTIFICATE OF DEATH 05689
Village or City. Village or C	GA VIIAAAA	1.4%
Cit death occurred in a homistiction, give its NAME interest of street and number) 2. FULL NAME (a) Residence: Ro. (b) Residence: Ro. (c) Residence: Ro. (d) Residence: Ro. (e) Residence: Ro. (i) Clausified of shocks (ii) Residence: Ro. (iii) Residence: Ro. (iii) Residence: Ro. (iii) Residence: Ro. (iii) Residence: Ro. (iiii) Residence: Ro. (iiii) Residence: Ro. (iv) Ro. (iv) Residence: Ro.	County Jy W/V	Registration Dist. No.
Length of residence in july or town half pleath refurence (I), yrsmosds. 2. FULL NAME (1)	Village or City / / / / / / / / / / / / / / / / / / /	
(a) Residence: No. / Way (Usus files of shock) PERSONAL AND STATIS ICAL PATICULARS 3.5X 4. COLOR OR BACE B DIVOSCED Script by world 6. DATE OF BERTH (month, day, and yet) 6. DATE OF BERTH (month, day, and yet) 7. AGE 7. AGE 8. Trade, profession, or particular wind with the shock of the work done, as SPINNER, and yet on the way alive on the date stated ebovy in L. J.	Length of residence in city or town where death occurred Qf. yrsmos	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RASE OR DIVOSED OF DEATH OR DIVOS	(a) Residence: No. Y WYALWWW	
3. EX 4. COLOR OR BLEET S. SINGLE, MARRIED, WIDOWED, OR DIVIDED CORD DIVIDITATION DIVIDITATION DIVIDED CORD DIVIDITATION DIVIDITATION DIVIDITATION DIVIDITATION DIV		
Season of the second of the se		, , , , , , , , , , , , , , , , , , , ,
6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Menths Days If LESS than I day, min. 1 day, min. 8. Trade, profession, or particular kind dwirk dome, es SPINNER, which was despected in the date stated ebowy at 2 mm. The PRINTIPAL CAUSE OF DEATH and related causes of importance were profession, or particular kind of work dome, es SPINNER, which was done, es SPINNER, which was done to external causes (VIOLENCE) fill in also the following: 12. BIRTHPLACE (city or town) (State or country) 13. MAIDEN NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. DURLAC (Address) 19. Date of never done was professed to have despended to occupation of deceased? 18. DURLAC (Address) 19. Date of never done was professed to have despended to occupation of deceased? 19. Specify whether injury occurred in I	Hemale Will OR DIVORCED (gente the word)	///Cly 29 , 1932
6. DATE OF BIRTH (month, day, and year) MM 9 1 1 lest saw h alive on Many 2 1 death is said to have equired on the date stated ebove at 2 1 m. The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: Date of onest kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Savingtry or business in which work was done, as SILK MILL. SAWMER, BOOKKEEPER, etc. Savingtry or business in which work was done, as SILK MILL. SAWMER, BOOKKEEPER, etc. Savingtry or business in which work was done, as SILK MILL. SAWMER, BOOKKEEPER, etc. Savingtry or business in which work was done, as SILK MILL. SAWMER, BOOKKEEPER, etc. Savingtry or business in which work was done, as SILK MILL. SAWMER, BOOKKEEPER, etc. Savingtry or business in which work was done, as SILK MILL. SAWMER, BOOKKEEPER, etc. Savingtry or business in which work was done, as SILK MILL. SAWMER, BOOKKEEPER, etc. Savingtry or business of importance: Other Contributory Causes of Importance: What test confirmed diagnosis? Was there an europay? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify Cisjened) Manner of (Address)		1 W// 1/1 0/ 34 W// 1/1 34
To the control of the date stated abovey at	aug 19-1873	601-11 601
S. Trade, profession, or particular kind of work dome, as SPINNER, Augustual SAVER, BOOKEEPER, etc. Date of one of this occupation was done, as SSINK MILL, SAW MILL, BANK, etc. Date of occupation occupation of this occupation of the occupation occupation of the occupation of the occupation occupation of the occupation of deceased? 15. BIRTHPLACE (city or town)		700
8. Frade, profession, or particular to do with done, os S SINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Date deceased last worked at population with society and support in this occupation of the Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURLAL, CRESS ALL SAME AND	(a) (1) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State on country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 20. FILED MAY 21. DIRECTARER (Address) Other Contributory Causes of Importance: Name of operation What test confirmed diagnosis? West there an eu'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. If so, specify (Signed) Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury (Address) M. D. Registrar. (Address) M. D. (Address)	8. Trade, profession, or particular kind of work done, as SPINNER, Husland	Colinario Munocustatis r 19329
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State on country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 20. FILED MAY 21. DIRECTARER (Address) Other Contributory Causes of Importance: Name of operation What test confirmed diagnosis? West there an eu'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. If so, specify (Signed) Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury (Address) M. D. Registrar. (Address) M. D. (Address)	9 Industry or business in which work was done, as SILK MILL, SAW MILL BANK at	Thy o eardial degineration
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13. NAME	12. BIRTHPLACE (city or town) TV DV Gamyay	Other Coutributory Causes of Importance:
What test confirmed diagnosis? Wes there an europsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stetle or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED MAY 21. INFORMANT (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 16. Signed) (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME,	A) III DA III DA	
What test confirmed diagnosis? Wes there an europsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stetle or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED MAY 21. INFORMANT (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 16. Signed) (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME,	14. BIRTHPLACE (city or town) All Wandliff	Name of operation Date of
Accident, suicide, or homicide? Date of Injury	(State of Country)	What test confirmed diagnosis? Wes there an eu'opsy?
16. BIRTHPLACE (city or town)	15. MAIDEN NAME / MALAMANA / MYGAN	23. If death was due to external causes (VIOLENCE) fill in also the following:
Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Address) 19. UNDERTAKER (Address) 20. FILED May 29, 1936 Address (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. D Registrar. (Address) Manner of injury (Signed) (Address) Manner of injury (Address)	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Out File	(State or country)	(Specify city or town, county and State)
Place To Defend of the plant of injury. 19. UNDERTAKER OUT TO SERVE OF THE PLANT O		Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
20. FILED MAY 29, 1936 A. D. W. W. C. (Address) Registrar. If so, specify (Signed) (Address) M. D. (Address) M. (Address) M. D. (Address) M. (Addres	Let Value A A A A A A A A A A A A A A A A A A A	
20. FILED (Address) (Address) (Address)		0 00
	20. FILED May 29, 1936 A. D. J. Wyw. Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
300, 3 153			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
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H.	1	-	TION is very important. See instructions on back of certificate.
		-	

1. PLA	S CE OF DEA		OF MAR	YLAND-	CERTIFICATE OF DEATH 05	690
					(108)	
Vill	and an Oile Too	and to	?		Registration Dist. No. 28	~
VIII	age or City Lies	anar <u>q cow</u>	/II.	()	NoSt. Marys Hospital St., f death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Len	gth of residence In c	ity or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FUI	L NAME W	Illiam N	fartin W	elch		
(a)	Residence: No	Chapti	CO. Mar (Usual place	yland.	St., Ward. If nonresident give city or town and S	tate
PE	RSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male		or or race	5. SINGLE, MAR OR DIVORCEI Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 20	1935
5a. If marri HUSB/ -(or) *	ed, widowed, or divo NO of Mabe] HE-of Mabe]	L Agnes	Edwards		(Month) (Day) 22. HEREBY CERTIFY, That I attended de	(Year)
6 DATE OF	DIDTH (month de	u and una Affa	7 <i>6</i>	1960	last sew his alive on May 20 1935.	
7. AGE	F BIRTH (month, da Years	y, end year) [V] 8	Days	1868	I last sew h who alive on Mach 20, 1935; to have occurred on the date stated above at 10, A, m	death is said
	67	2	4	1 day _{4"} hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
- 8. Tra				ormin.	Were as follows:	Date of onset
0	de, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER, PER, atc	Farmer		John Cheungaina	5/14/35
<	ustry or business in work was done, as S SAW MILL, BANK, o	which	Own Fa	rm		07.7.7.00
0 10. Dat	e deceased last wor this occupation (mo year) - May	nth end	11. Total ti spen occu	me (years) et in this pation _3.5Yrs		
12. BIRTHP	LACE (city or town)	Chapti	co		Other Contributory Couses of importance:	
	te or country)	Mary	rland		Chronic myreudite	7
13. NA	ME Martin	Welch			Corronary Selensin	
13. NAI 14. BIR	THPLACE (city or to	own)			Name of operation Oate of	
	(Stale or country)	Ire	eland		What test confirmed diagnosis? Was there an aut	nnev? NU
15. MAI	OEN NAME Cat	therine	Rossite	r	23. If death was due to external causes (VIOLENCE) fill In also the following:	0,00,1-13-18-1
	THPLACE (city or to (State or country)	wn) Irela	and		Accident, suicide, or homicide? Date of injury	
(Add	ANT A. C.	Welch.	rvland.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL,	CREMATION, OR R	EMOVAL St.	Joseph	Cem. 22 ,135	Manner of Injury	
	AKER Willi	lam C. Nardtowa.	Mattingl	у	24. Was disease or injury In any way related to occupation of deceased?	
20. FILEO	1×	35 (Oa	real	Registrar.	(Signed) Clarens C. Welch (Address) Clarence m. S.	M. D.
		7.0		ледитат.	" (unniegz)	

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	1 450			
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